

VPDES PERMIT PROGRAM FACT SHEET

This document gives pertinent information concerning the VPDES Permit listed below. This permit is being processed as a MAJOR, MUNICIPAL permit. This is a board initiated permit modification to decrease monitoring based upon a permit reopener. Only information pertinent to this modification is provided in this fact sheet which shall serve as an amendment to the fact sheet prepared for permit reissuance that occurred on January 17, 2012.

1. PERMIT NO.: VA0081248 EXPIRATION DATE: January 16, 2012
2. FACILITY NAME AND LOCAL MAILING ADDRESS FACILITY LOCATION ADDRESS (IF DIFFERENT)

HRSD-Atlantic STP  
Hampton Roads Sanitation District  
1434 1436 Air Rail Avenue  
Virginia Beach, VA 23455

645 Firefall Drive  
Virginia Beach, VA

CONTACT AT FACILITY:

NAME: Mrs. Jamie Heisig-Mitchell  
TITLE: Chief of Technical Services  
PHONE: (757)460-4243

CONTACT AT LOCATION ADDRESS

NAME: N/A  
TITLE:  
PHONE: ( )

3. OWNER CONTACT: (TO RECEIVE PERMIT) CONSULTANT CONTACT:  
NAME: Mr. Edward G. Henifin NAME: N/A  
TITLE: General Manager FIRM NAME:  
COMPANY NAME: HRSD ADDRESS:  
ADDRESS: 1436 Air Rail Ave  
Virginia Beach VA 23455  
PHONE: (757)460-2261 PHONE: ( )  
EMAIL: thenifin@hrsd.com

4. PERMIT DRAFTED BY: DEQ, Water Permits, Regional Office

Permit Writer(s): Deanna Austin *DDA* Date(s): 5/31/13  
Reviewed By: Mark Sauer *MS* Date(s): 6/3/13

5. PERMIT ACTION:

( ) Issuance ( ) Reissuance ( ) Revoke & Reissue ( ) Owner Modification  
(X) Board Modification ( ) Change of Ownership/Name [Effective Date: ]

6. SUMMARY OF SPECIFIC ATTACHMENTS LABELED AS:

Attachment <u>1</u>	TABLE I - Discharge/Outfall Description
Attachment <u>2</u>	TABLE II - Effluent Monitoring/Limitations
Attachment <u>3</u>	Effluent Limitations/Monitoring Rationale/Suitable Data/Antidegradation/Antibacksliding
Attachment <u>4</u>	Special Conditions Rationale
Attachment <u>5</u>	TABLE III(a) and TABLE III(b) - Change Sheets
Attachment <u>6</u>	Chronology Sheet

MODIFICATION REQUEST COMPLETE: 5/13/13

7. **PERMIT CHARACTERIZATION:** (Check as many as appropriate)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Existing Discharge | <input checked="" type="checkbox"/> Effluent Limited                   |
| <input type="checkbox"/> Proposed Discharge            | <input checked="" type="checkbox"/> Water Quality Limited              |
| <input checked="" type="checkbox"/> Municipal          | <input type="checkbox"/> WET Limit                                     |
| SIC Code(s) 4952                                       | <input type="checkbox"/> Interim Limits in Permit                      |
| <input type="checkbox"/> Industrial                    | <input type="checkbox"/> Interim Limits in Other Document              |
| SIC Code(s)  | <input type="checkbox"/> Compliance Schedule Required                  |
| <input checked="" type="checkbox"/> POTW               | <input type="checkbox"/> Site Specific WQ Criteria                     |
| <input type="checkbox"/> PVOTW                         | <input type="checkbox"/> Variance to WQ Standards                      |
| <input type="checkbox"/> Private                       | <input type="checkbox"/> Water Effects Ratio                           |
| <input type="checkbox"/> Federal                       | <input type="checkbox"/> Discharge to 303(d) Listed Segment            |
| <input type="checkbox"/> State                         | <input checked="" type="checkbox"/> Toxics Management Program Required |
| <input type="checkbox"/> Publicly-Owned Industrial     | <input type="checkbox"/> Toxics Reduction Evaluation                   |
|  | <input type="checkbox"/> Storm Water Management Plan                   |
|  | <input checked="" type="checkbox"/> Pretreatment Program Required      |
|  | <input type="checkbox"/> Possible Interstate Effect                    |
|  | <input type="checkbox"/> CBP Significant Dischargers List              |

8. **RECEIVING WATERS CLASSIFICATION:** River basin information.

Outfall No: 001 Only outfall addressed in this modification

Receiving Stream: Atlantic Ocean  
River Mile: N/A  
Basin: Chesapeake Bay, Atlantic Ocean & Small Coastal  
Subbasin: N/A  
Section: 1  
Class: I  
Special Standard(s): a  
Tidal: YES  
7-Day/10-Year Low Flow: N/A  
1-Day/10-Year Low Flow: N/A  
30-Day/5-Year Low Flow: N/A  
Harmonic Mean Flow: N/A

9. **FACILITY DESCRIPTION:** Describe the type facility from which the discharges originate.

Existing municipal discharge resulting from the discharge of treated domestic sewage.

The MODIFICATION consists of decreasing sampling frequency of TSS, BOD5 and Fecal Coliform based on guidance document GM98-2005 and the monitoring reduction frequency reopener.

10. **LICENSED OPERATOR REQUIREMENTS:** ( ) No (X) Yes Class: I

11. **RELIABILITY CLASS:** I

12. **DISCHARGE(S) LOCATION DESCRIPTION:** Provide USGS Topo which indicates the discharge location, significant (large) discharger(s) to the receiving stream, water intakes, and other items of interest.

Name of Topo: Virginia Beach Quadrant No.: 033C

13. **DISCHARGE DESCRIPTION:** Describe each discharge originating from this facility.

SEE ATTACHMENT 4

14. **COMBINED TOTAL FLOW:**

TOTAL: 54 MGD (for public notice)

NONPROCESS/RAINFALL DEPENDENT FLOW: 0.52 (Est.)

DESIGN FLOW: 54 MGD (MUN.)

15. **EFFLUENT LIMITATIONS/MONITORING RATIONALE:** Attach any analyses of an outfall by individual toxic parameter. As a minimum, it will include: statistics summary (number of data values, quantification level, expected value, variance, covariance, 97th percentile, and statistical method); wasteload allocation (acute, chronic and human health); effluent limitations determination; input data listing. Include all calculations used for each outfall and set of effluent limits and those used in any model(s). Include all calculations/documentation of any antidegradation or anti-backsliding issues in the development of any limitations; complete the review statements below. Provide a rationale for limiting internal waste streams and indicator pollutants. Attach chlorine mass balance calculations, if performed. Attach any additional information used to develop the limitations, including any applicable water quality standards calculations (acute, chronic and human health).

**SUITABLE DATA:** In what, if any, effluent data were considered in the establishment of effluent limitations and provide all appropriate information/calculations.

All suitable effluent data were reviewed.

**ANTIBACKSLIDING REVIEW:** Indicate if antibacksliding applies to this permit and, if so, provide all appropriate information.

There are no backsliding issues to address in this permit (i.e., limits as stringent or more stringent when compared to the previous permit).

SEE ATTACHMENT 3

16. **SPECIAL CONDITIONS RATIONALE:** Provide a rationale for each of the permit's special conditions.

SEE ATTACHMENT 4

17. **CHANGES TO PERMIT:** Use **TABLE III(a)** to record any changes from the previous permit and the rationale for those changes. Use **TABLE III(b)** to record any changes made to the permit during the permit processing period and the rationale for those changes [i.e., use for comments from the applicant, VDH, EPA, other agencies and/or the public where comments resulted in changes to the permit limitations or any other changes associated with the special conditions or reporting requirements].

SEE ATTACHMENT 5

18. **PUBLIC PARTICIPATION:** Document comments/responses received during the public participation process. If comments/responses provided, especially if they result in changes to the permit, place in the attachment.

**EPA COMMENTS RECEIVED ON DRAFT PERMIT:** Document any comments received from the U.S. Environmental Protection Agency and noted how resolved.

EPA has no objections to the adequacy of the draft permit. Email received 6/26/13.

**OTHER COMMENTS RECEIVED FROM RIPARIAN OWNERS/CITIZENS ON DRAFT PERMIT:** Document any comments received from other sources and note how resolved.

The application and draft permit have received public notice in accordance with the VPDES Permit Regulation, and no comments were received.

**DESCRIBE PN COMMENTS AND RESOLUTIONS. PROVIDE PUBLIC HEARING DATE AND REFERENCE BACKGROUND MEMORANDUM, IF APPROPRIATE.**

**PUBLIC NOTICE INFORMATION:** Comment Period: Start Date: 6/7/13  
End Date: 7/7/13

Persons may comment in writing or by e-mail to the DEQ on the proposed reissuance of the permit within 30 days from the date of the first notice. Address all comments to the contact person listed below. Written or e-mail comments shall include the name, address, and telephone number of the writer, and shall contain a complete, concise statement of the factual basis for comments. Only those comments received within this period will be considered. The Director of the DEQ may decide to hold a public hearing if public response is significant. Requests for public hearings shall state the reason why a hearing is requested, the nature of the issues proposed to be raised in the public hearing and a brief explanation of how the requestor's interests would be directly and adversely affected by the proposed permit action.

All pertinent information is on file and may be inspected, and arrangements made for copying by contacting Deanna Austin at: Department of Environmental Quality (DEQ), Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, VA 23462. Telephone: 757-518-2008 E-mail: [deanna.austin@deg.virginia.gov](mailto:deanna.austin@deg.virginia.gov)

Following the comment period, the Board will make a determination regarding the proposed reissuance. This determination will become effective, unless the Director grants a public hearing. Due notice of any public hearing will be given.

19. **ADDITIONAL FACT SHEET COMMENTS/PERTINENT INFORMATION:**

ATTACHMENT 1

TABLE I - DISCHARGE/OUTFALL DESCRIPTION

**ONLY OUTFALL 001 IS ADDRESSED IN THIS MODIFICATION**

TABLE I

NUMBER AND DESCRIPTION OF OUTFALLS

OUTFALL NO.	DISCHARGE LOCATION	DISCHARGE SOURCE (1)	TREATMENT (2)	FLOW (3)
001	364650N -755608W	Publicly Owned Treatment Works	Treatment consists of screening, grit removal, primary & secondary clarification, activated sludge aeration and chlorination.	Design 54 MGD

(1) List operations contributing to flow

(2) Give brief description, unit by unit

(3) Give maximum 30-day average flow for industry and design flow for municipal

## ATTACHMENT 2

### TABLE II - EFFLUENT MONITORING/LIMITATIONS

**ONLY OUTFALL 001 IS ADDRESSED IN THIS MODIFICATION**

TABLE II - MUNICIPAL EFFLUENT LIMITATIONS/MONITORING

OUTFALL # 001

DESIGN FLOW: 54 MGD

Outfall Description: Municipal DischargeSIC CODE: 4952

(X) Final Limits ( ) Interim Limits Effective Dates - From: Issuance To: Expiration

PARAMETER & UNITS	BASIS FOR LIMITS	DESIGN FLOW MULTIPLIER	EFFLUENT LIMITATIONS				MONITORING REQUIREMENTS	
			MONTHLY AVERAGE	WEEKLY AVERAGE	MINIMUM	MAXIMUM	FREQUENCY	SAMPLE TYPE
Flow (MGD) [a]	3		NL	NA	NA	NL	Cont.	TI & RE*
PH (S.U.)	1		NA	NA	6.0	9.0	1/Day	Grab
BOD5 (mg/l) [c]	1		30	45	NA	NA	3/Week	24 HC
BOD5 (kg/d) [c]	1	54	6132	9198	NA	NA	3/Week	24 HC
TSS (mg/l) [c]	1		30	45	NA	NA	3/Week	24 HC
TSS (kg/d) [c]	1	54	6132	9198	NA	NA	3/Week	24 HC
TRC (mg/l) [b][c]	2		2.5	4.0	NA	NA	1/ 2 Hours	Grab
Fecal Coliform (n/cml) [d]	2		200	NA	NA	NA	1/Week (Between 10 am & 4 pm)	Grab
Enterococci (n/cml) [e]	2		35	NA	NA	NA	2/Month (Between 10 am & 4 pm)	Grab

\*Totalizing, Indicating &amp; Recording Equipment

NA = Not Applicable. NL = No limitation, however, reporting is required.

Upon issuance of the permit, Discharge Monitoring Reports (DMRs) shall be submitted to the regional office at the frequency required by the permit regardless of whether an actual discharge occurs. In the event that there is no discharge for the monitoring period, then "no discharge" shall be reported on the DMR.

- [a] The design flow of this treatment facility is 54 MGD. See Part I.C.5 for additional flow requirements.
- [b] See Part I.B. for additional chlorine monitoring instructions.
- [c] See Parts I.C.6 and I.C.7 for quantification levels and reporting requirements, respectively.
- [d] Fecal Coliform monthly average is calculated as a geometric mean.
- [e] Enterococci monthly average is calculated as a geometric mean. Samples must be taken at least 7 days apart.

- 2. There shall be no discharge of floating solids or visible foam in other than trace amounts.
- 3. At least 85% removal for BOD and TSS must be attained for this effluent.

The basis for the limitations codes are:

- 1. Technology (e.g., Federal Effluent Guidelines)
- 2. Water Quality Standards (9 VAC 25-260 et. seq.)
- 3. Best Professional Judgment

ATTACHMENT 3

EFFLUENT LIMITATIONS/MONITORING  
RATIONALE/SUITABLE DATA/  
ANTIDEGRADATION/ANTIBACKSLIDING

**ONLY OUTFALL 001 IS ADDRESSED IN THIS MODIFICATION**

HRSD Atlantic STP

Outfall 001

The plant was upgraded to 54 MGD in early 2010. During the last permit reissuance (2012), the facility requested a special condition that was a reopener clause to allow for the reduction of monitoring frequencies for BOD, TSS and Fecal Coliform based on a 3 year data review.

Guidance document 98-2005 and the DEQ VPDES permit manual allows for the reduction of monitoring frequencies based upon 3 years of effluent data. Since the plant was upgraded to 54 MGD, 3 years of data was needed at this volume prior to reviewing the data for the ability to decrease monitoring frequency.

The 3 years of data reviewed is attached to this section. The average BOD5 data was 11 mg/l. When compared to the BOD5 limit of 30 mg/l, this is 36% of the limited value. At 36% and a baseline monitoring frequency of 1/day, the monitoring frequency can be reduced to 3/week. TSS has also been reduced to 3/week. The average TSS value over the last 3 years of data was 7.9 mg/l. This is 26% of the 30 mg/l limit. The fecal coliform average has been calculated at 3 col/100 ml over the last 3 years of data. This is 1.5% of the 200 col/100 ml limit. When the percent is <25 a reduction to 1/week can be made.

Because of the reduced monitoring frequencies being given with this modification, the effluent monitoring frequency condition is added to the permit. This allows for the monitoring frequency to be increased back to the original 1/day requirements if there is any warning letters or notices of violations concerning these parameters.

Data pulled from Discoverer 5/31/13. DDA

Permit No	Parameter Description	CONCAVG	CONCMAX	Monitoring Start Date	Monitoring End Date
VA0081248	BOD5	9	15	1-Apr-10	30-Apr-10
VA0081248	BOD5	7	10	1-May-10	31-May-10
VA0081248	BOD5	10	10	1-Jun-10	30-Jun-10
VA0081248	BOD5	4	6	1-Jul-10	31-Jul-10
VA0081248	BOD5	7	10	1-Aug-10	31-Aug-10
VA0081248	BOD5	13	14	1-Sep-10	30-Sep-10
VA0081248	BOD5	11	12	1-Oct-10	31-Oct-10
VA0081248	BOD5	10	13	1-Nov-10	30-Nov-10
VA0081248	BOD5	11	12	1-Dec-10	31-Dec-10
VA0081248	BOD5	11	13	1-Jan-11	31-Jan-11
VA0081248	BOD5	11	11	1-Feb-11	28-Feb-11
VA0081248	BOD5	13	14	1-Mar-11	31-Mar-11
VA0081248	BOD5	16	18	1-Apr-11	30-Apr-11
VA0081248	BOD5	18	21	1-May-11	31-May-11
VA0081248	BOD5	18	25	1-Jun-11	30-Jun-11
VA0081248	BOD5	4	4	1-Jul-11	31-Jul-11
VA0081248	BOD5	4	4	1-Aug-11	31-Aug-11
VA0081248	BOD5	4	6	1-Sep-11	30-Sep-11
VA0081248	BOD5	9	10	1-Oct-11	31-Oct-11
VA0081248	BOD5	9	12	1-Nov-11	30-Nov-11
VA0081248	BOD5	9	12	1-Dec-11	31-Dec-11
VA0081248	BOD5	13	14	1-Jan-12	31-Jan-12
VA0081248	BOD5	10	17	1-Feb-12	29-Feb-12
VA0081248	BOD5	6	8	1-Mar-12	31-Mar-12
VA0081248	BOD5	8	9	1-Apr-12	30-Apr-12
VA0081248	BOD5	13	18	1-May-12	31-May-12
VA0081248	BOD5	11	14	1-Jun-12	30-Jun-12
VA0081248	BOD5	9	11	1-Jul-12	31-Jul-12
VA0081248	BOD5	10	11	1-Aug-12	31-Aug-12
VA0081248	BOD5	17	21	1-Sep-12	30-Sep-12
VA0081248	BOD5	16	17	1-Oct-12	31-Oct-12
VA0081248	BOD5	16	20	1-Nov-12	30-Nov-12
VA0081248	BOD5	18	21	1-Dec-12	31-Dec-12
VA0081248	BOD5	15	18	1-Jan-13	31-Jan-13
VA0081248	BOD5	6	6	1-Feb-13	28-Feb-13
VA0081248	BOD5	9	11	1-Mar-13	31-Mar-13
VA0081248	BOD5	8	9	1-Apr-13	30-Apr-13

# **AVERAGE**

10.621622 12.891892

Permit No	Parameter Description	CONCAVG	CONCMAX	Monitoring Start Date	Monitoring End Date
VA0081248	COLIFORM, FECAL	1		1-Mar-10	31-Mar-10
VA0081248	COLIFORM, FECAL	5		1-Apr-10	30-Apr-10
VA0081248	COLIFORM, FECAL	3		1-May-10	31-May-10
VA0081248	COLIFORM, FECAL	4		1-Jun-10	30-Jun-10
VA0081248	COLIFORM, FECAL	2		1-Jul-10	31-Jul-10
VA0081248	COLIFORM, FECAL	3		1-Aug-10	31-Aug-10
VA0081248	COLIFORM, FECAL	5		1-Sep-10	30-Sep-10
VA0081248	COLIFORM, FECAL	3		1-Oct-10	31-Oct-10
VA0081248	COLIFORM, FECAL	2		1-Nov-10	30-Nov-10
VA0081248	COLIFORM, FECAL	2		1-Dec-10	31-Dec-10
VA0081248	COLIFORM, FECAL	1		1-Jan-11	31-Jan-11
VA0081248	COLIFORM, FECAL	2		1-Feb-11	28-Feb-11

VA0081248	COLIFORM, FECAL	2	1-Mar-11	31-Mar-11
VA0081248	COLIFORM, FECAL	2	1-Apr-11	30-Apr-11
VA0081248	COLIFORM, FECAL	3	1-May-11	31-May-11
VA0081248	COLIFORM, FECAL	9	1-Jun-11	30-Jun-11
VA0081248	COLIFORM, FECAL	2	1-Jul-11	31-Jul-11
VA0081248	COLIFORM, FECAL	2	1-Aug-11	31-Aug-11
VA0081248	COLIFORM, FECAL	2	1-Sep-11	30-Sep-11
VA0081248	COLIFORM, FECAL	3	1-Oct-11	31-Oct-11
VA0081248	COLIFORM, FECAL	4	1-Nov-11	30-Nov-11
VA0081248	COLIFORM, FECAL	3	1-Dec-11	31-Dec-11
VA0081248	COLIFORM, FECAL	1	1-Jan-12	31-Jan-12
VA0081248	COLIFORM, FECAL	1	1-Feb-12	29-Feb-12
VA0081248	COLIFORM, FECAL	1	1-Mar-12	31-Mar-12
VA0081248	COLIFORM, FECAL	2	1-Apr-12	30-Apr-12
VA0081248	COLIFORM, FECAL	3	1-May-12	31-May-12
VA0081248	COLIFORM, FECAL	3	1-Jun-12	30-Jun-12
VA0081248	COLIFORM, FECAL	4	1-Jul-12	31-Jul-12
VA0081248	COLIFORM, FECAL	8	1-Aug-12	31-Aug-12
VA0081248	COLIFORM, FECAL	4	1-Sep-12	30-Sep-12
VA0081248	COLIFORM, FECAL	1	1-Oct-12	31-Oct-12
VA0081248	COLIFORM, FECAL	3	1-Nov-12	30-Nov-12
VA0081248	COLIFORM, FECAL	2	1-Dec-12	31-Dec-12
VA0081248	COLIFORM, FECAL	1	1-Jan-13	31-Jan-13
VA0081248	COLIFORM, FECAL	1	1-Feb-13	28-Feb-13
VA0081248	COLIFORM, FECAL	1	1-Mar-13	31-Mar-13
VA0081248	COLIFORM, FECAL	1	1-Apr-13	30-Apr-13

# **AVERAGE**

2.6842105

Permit No	Parameter Description	CONCAVG	CONCMAX	Monitoring Start Date	Monitoring End Date
VA0081248	TSS	12	18	1-Apr-10	30-Apr-10
VA0081248	TSS	5	7	1-May-10	31-May-10
VA0081248	TSS	5.5	6.1	1-Jun-10	30-Jun-10
VA0081248	TSS	4	4.3	1-Jul-10	31-Jul-10
VA0081248	TSS	4.9	5.7	1-Aug-10	31-Aug-10
VA0081248	TSS	8.1	8.8	1-Sep-10	30-Sep-10
VA0081248	TSS	6.5	7.6	1-Oct-10	31-Oct-10
VA0081248	TSS	9.9	12	1-Nov-10	30-Nov-10
VA0081248	TSS	10	12	1-Dec-10	31-Dec-10
VA0081248	TSS	9.2	10	1-Jan-11	31-Jan-11
VA0081248	TSS	8.9	10	1-Feb-11	28-Feb-11
VA0081248	TSS	7	8.7	1-Mar-11	31-Mar-11
VA0081248	TSS	9	9.9	1-Apr-11	30-Apr-11
VA0081248	TSS	12	16	1-May-11	31-May-11
VA0081248	TSS	6.1	8.2	1-Jun-11	30-Jun-11
VA0081248	TSS	5	6.3	1-Jul-11	31-Jul-11
VA0081248	TSS	6.2	7	1-Aug-11	31-Aug-11
VA0081248	TSS	5.2	6.7	1-Sep-11	30-Sep-11
VA0081248	TSS	6.4	8.1	1-Oct-11	31-Oct-11
VA0081248	TSS	7.9	9.6	1-Nov-11	30-Nov-11
VA0081248	TSS	8.5	12	1-Dec-11	31-Dec-11
VA0081248	TSS	14	16	1-Jan-12	31-Jan-12
VA0081248	TSS	8.8	10	1-Feb-12	29-Feb-12
VA0081248	TSS	7	7	1-Mar-12	31-Mar-12

VA0081248	TSS	6	8	1-Apr-12	30-Apr-12
VA0081248	TSS	8.1	9.1	1-May-12	31-May-12
VA0081248	TSS	7.7	9.4	1-Jun-12	30-Jun-12
VA0081248	TSS	8.5	10	1-Jul-12	31-Jul-12
VA0081248	TSS	4.6	5.4	1-Aug-12	31-Aug-12
VA0081248	TSS	6.4	7.8	1-Sep-12	30-Sep-12
VA0081248	TSS	7.6	8.6	1-Oct-12	31-Oct-12
VA0081248	TSS	8.2	9.3	1-Nov-12	30-Nov-12
VA0081248	TSS	10	14	1-Dec-12	31-Dec-12
VA0081248	TSS	12	14	1-Jan-13	31-Jan-13
VA0081248	TSS	8.2	8.7	1-Feb-13	28-Feb-13
VA0081248	TSS	10	13	1-Mar-13	31-Mar-13
VA0081248	TSS	10	11	1-Apr-13	30-Apr-13

**AVERAGE**

7.9567568 9.6027027

**Austin, Deanna (DEQ)**

---

**From:** Nicklas, Sharon [SNICKLAS@HRSD.COM]  
**Sent:** Monday, May 13, 2013 6:29 AM  
**To:** Austin, Deanna (DEQ)  
**Subject:** HRSD-Atlantic VA0081248  
**Attachments:** HRSD Atlantic 3 yrs of data.pdf

Hi Deanna,

I have attached a letter requesting a change in sample frequency at Atlantic STP based on three years of data. Please let me know if you need anything else.

Thanks,

Sharon Nicklas  
HRSD-Permits Manager  
757-460-4245 office  
757-419-8577 mobile  
[snicklas@hrsd.com](mailto:snicklas@hrsd.com)



Delivered via email [Deanna.Austin@deq.virginia.gov](mailto:Deanna.Austin@deq.virginia.gov)

May 13, 2013

Deanna Austin  
Dept of Environmental Quality  
5636 Southern Boulevard  
Virginia Beach, VA 23462

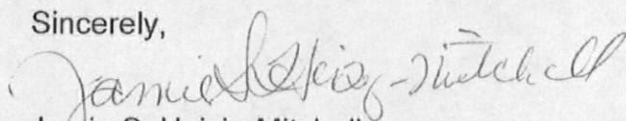
RE: Atlantic STP VA0081248 Sampling Frequency

Dear Mrs. Austin,

Part I.C.1.c. Special Condition of the VPDES permit allows HRSD to submit three years of plant performance data in order to determine eligibility for reduced sampling frequency per DEQ Guidance Memorandum 98-2005. The Biochemical Oxygen Demand (BOD), Total Suspended Solids (TSS) and Fecal Coliform data are attached for DEQ review. The BOD monthly concentration averaged 36% of the permit limit of 30 mg/l. The TSS monthly concentration averaged 26% of the permit limit of 30 mg/l. The Fecal Coliform monthly geometric average was 2% of the permit limit. Per the recommendations of GM 98-2005, HRSD requests the BOD and TSS required sampling frequency be modified to three samples per week and fecal coliform sampling frequency be modified to one sample per week.

Thank you very much for your consideration in this matter.

Sincerely,



Jamie S. Heisig-Mitchell  
Chief of Technical Services Division

Enclosure

---

Water Quality Department • PO Box 5911, Virginia Beach, VA 23471-0911 • 757.460.7004

Commissioners: Vishnu K. Lakdawala, PhD, Chairman • Frederick N. Eloffson, CPA, Vice-Chairman • Michael E. Glenn  
Arthur C. Bredemeyer • Maurice P. Lynch, PhD • I. Vincent Behm, Jr. • Stephen C. Rodriguez  
[www.hrsd.com](http://www.hrsd.com)

# ATLANTIC STP VA0081248 DISCHARGE MONITORING REPORT DATA

	BOD (mg/l)	TSS (mg/l)	Fecal Coliform (#100ml)
May-2010	7	5.0	3
Jun-2010	10	5.5	4
Jul-2010	4	4.0	2
Aug-2010	7	4.9	3
Sep-2010	13	8.1	5
Oct-2010	11	6.5	3
Nov-2010	10	9.9	2
Dec-2010	11	10	2
Jan-2011	11	9.2	1
Feb-2011	11	8.9	2
Mar-2011	13	7.0	2
Apr-2011	16	9.0	2
May-2011	18	12	3
Jun-2011	18	6.1	9
Jul-2011	4	5.0	2
Aug-2011	4	6.2	2
Sep-2011	4	5.2	2
Oct-2011	9	6.4	3
Nov-2011	9	7.9	4
Dec-2011	9	8.5	3
Jan-2012	13	14	1
Feb-2012	10	8.8	1
Mar-2012	6	6.7	1
Apr-2012	8	6.5	2
May-2012	13	8.1	3
Jun-2012	11	7.7	3
Jul-2012	9	8.5	4
Aug-2012	10	4.6	8
Sep-2012	17	6.4	4
Oct-2012	16	7.6	1
Nov-2012	16	8.2	3
Dec-2012	18	9.8	2
Jan-2013	15	12	1
Feb-2013	6	8.2	1
Mar-2013	9	10	1
Apr-2013	8	10	1

<b>Average</b>	11	7.9	2
<b>% of permit limit</b>	36%	26%	1%

ATTACHMENT 4

TABLE III (a) AND TABLE III (b) -  
CHANGE SHEETS

TABLE III(a)

VPDES PERMIT PROGRAM  
Permit Processing Change Sheet

1. Effluent Limits and Monitoring Schedule: (List any changes FROM PREVIOUS PERMIT and give a brief rationale for the changes).

OUTFALL NUMBER	PARAMETER CHANGED	MONITORING LIMITS CHANGED FROM / TO	EFFLUENT LIMITS CHANGED FROM / TO	RATIONALE	DATE & INITIAL
001	BOD5 TSS  Fecal Coliform	1/Day / 3/Week  1/Day / 1/Week	NA	Monitoring frequency has been reduced based upon Guidance Document 98-2005, the VPDES permit manual and the Effluent Monitoring Reduction and Frequency Reopener	DDA 5/31/13

OTHER CHANGES:	RATIONALE:	DATE & INITIAL
Removed the Effluent Monitoring Reduction and Frequency Reopener	The reopener is no longer needed as the permit is currently being opened to address this reopener.	DDA 5/31/13
Added the Effluent Monitoring Frequency Condition	This condition was added because the facility is now currently operating under a reduced monitoring frequency schedule. This condition was added back in if the permit due to this modification and the review of the 3 year data gathering period.	DDA 5/31/13

ATTACHMENT 5

Chronology

## ***Chronology***

*Friday, May 31, 2013*

**Facility Name:** HRSD - Atlantic Sewage Treatment Plant

*VA0081248*

<i><b>Event</b></i>	<i><b>Date</b></i>	<i><b>Comment</b></i>
App complete letter sent to permittee:	—	Mod-Not Required
Application fee deposited:	—	Minor Mod-No fee required
local gov't notified of receipt of app. (Iss/Mod):	—	Minor Mod-Not required
Riparian landowners notified (Iss,Mod):	—	Minor Mod-Not Required
Permit effective:	— 1/17/2012	
Application Administratively complete:	— 5/13/2013	
Application received at RO 1st time:	— 5/13/2013	Modification Request Received
Application totally / technically complete:	— 5/13/2013	
Draft permit developed:	— 5/31/2013	NULL
Permit expires:	— 1/16/2017	